

**SMART & BIGGAR***Intellectual Property & Technology Law***To Fax no.:** 1-703-305-3988**Page 1 of:** 10**Attention:** EXAMINER HANH N. NGUYEN**From:** SMART & BIGGAR**Your file no.:** 09/218,411**Reply to Ottawa file no.:** 77682-182

P.O. Box 2999, Station D  
55 Metcalfe Street, Suite  
900  
Ottawa, Canada K1P 5Y6

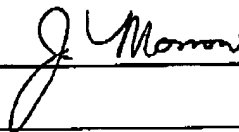
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>77682-182</b>	
Applicant(s): <b>MICHAEL C.G. LEE, ET AL.</b>					
Serial No. <b>09/218.411</b>	Filing Date <b>December 22, 1998</b>	Examiner <b>Hanh N. Nguyen</b>	Group Art Unit <b>2662</b>		
Invention: <b>METHOD AND APPARATUS FOR DIGITAL CELLULAR INTERNET VOICE COMMUNICATIONS</b>					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28	28	0 x	\$18.00	\$0.00
INDEP. CLAIMS	7	7	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-2550 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: <b>June 5, 2003</b>		
(Mrs.) Joy D. Morrow (Reg. No. 30,911) <b>SMART &amp; BIGGAR</b> P.O. Box 2999, Station D 900-55 Metcalfe Street Ottawa, Ontario K1P 5Y6 Canada					
Tel: (613) 232-2486 CC:					
I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence					

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